

TARZANA TREATMENT CENTER 2010 COMMUNITY BENEFIT PLAN UPDATE

Background Information

Tarzana Treatment Center, Inc. (Tarzana) is a private, nonprofit community-based organization that operates a variety of behavioral healthcare programs and primary medical care clinics. Its 60-bed inpatient program is licensed as an acute psychiatric hospital, and therefore falls under the legislative umbrella of SB697, which mandates that not-for-profit hospitals submit a Community Benefit Plan. This document has been developed to comply with this legislative mandate.

Hospital Mission

Tarzana's mission is to address a wide range of the community's health care and social service needs with responsive alcohol and other drug (AOD) treatment; HIV/AIDS treatment, prevention and education; mental health treatment and education; primary outpatient and medical care; and other healthcare services meeting community needs. Tarzana's staff includes doctors, nurses, medical assistants, psychiatrists, psychologist, social workers, and other types of professionals that are dedicated to treating each person with dignity and utmost respect, without social, cultural, political, sexual orientation or financial prejudice.

Development of Community Benefit Plan

Senior level staff and administrators met to discuss how to best achieve the needs of SB697. It was agreed that Tarzana should utilize as much existing data from larger providers in terms of needs assessment information and community profiling. In addition, it was believed important to talk with other staff, clients, and family members regarding their perceived needs, since community members and those seeking treatment often have different perspectives.

The focus of treatment on the 60-bed inpatient unit is primarily chemical dependency detoxification and treatment, followed by dual diagnosis and psychiatric treatment. Therefore, our community benefits plan needed to address these issues within the context of the larger perceived needs of the community.

Defining the Community

Tarzana is located in the western half of the San Fernando Valley (SFV) within Los Angeles County. This area of approximately 200 square miles includes the densely populated central portions of the SFV, which consists primarily of suburban and commercial development. The far western portions of the SFV are more sparsely populated, but have shown increased suburban and commercial development in recent years. This far western portion has the fastest growing population of the region.

Tarzana treats individuals from over the entire Los Angeles County. Over 1.8 million people reside in the SFV (Valley Care Community Consortium, Assessing the Community's Needs: A triennial Report on San Fernando Valley and Santa Clarita Valleys, 2010). The population of SFV is projected to increase from 1,890,622 in year 2009 to 1,987,503 by year 2014, reflecting an increase of 5.12%. It is understandable that we would see a larger proportion of clients (estimated at 606,097 people) from our more immediate geographic area. The cities that comprise our immediate service area include Agoura, Calabasas, Canoga Park, Chatsworth, Encino, Hidden Hills, Northridge, Porter Ranch, Reseda, Sherman Oaks, Tarzana, Topanga, Winnetka, and Woodland Hills. The zip codes included in our immediate service area are 90290, 91301 through 91306, 91311, 91316, 91324, 91335, 91364, 91367, 91406, 91423, and 91436.

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The racial and ethnic composition of the SFV remains diverse, where many cultures have converged in one area and no racial group currently represents a majority. The racial composition is 43% Caucasian, 39% Latino, 10% Asian/Pacific Islander, and 4% African-American. The gender distribution is 51% (955,331) females and 49% (935,291) males.

There were 637,262 households in the SFV. Approximately 11% reported annual incomes below \$15,000 and 19% earning less than \$35,000. Three communities that collectively had approximately 40% of total SFV households with annual incomes below \$15,000 per year: Van Nuys, Panorama City and North Hollywood.

With respect to education within the SFV, approximately 24% of the population, 25 years or older, have not completed high school education. High School diplomas have been earned by 77% of the 25 years and older population, and the proportion exceeds 90% in several communities. Bachelor degrees are held by 30% of the population. Sixty-six percent of the population (16 and over) participates in the labor force. The proportion is fairly constant across the cities of San Fernando Valley.

In 2009-2010, the racial and ethnic composition of patients treated in Tarzana Treatment Centers' inpatient unit is 65% non-Hispanic White, 21% Latino, 7% African-American and 1% Asian-Pacific Islander. Only 17% were working full-time/part-time, 81% were not in the labor force and 2% unemployed seeking work. About 64% are male, 51% have completed 12th grade, and 13% have completed at least two years of college. The most frequent reason for admission was detoxification and stabilization from using heroin (35%) and alcohol (33%).

Community Needs Assessment

In 2010, the not-for-profit and public hospitals, through Valley Care Community Consortium, joined together to conduct the fourth community needs assessment. The 2010 edition of "Assessing the Community's Needs: A Triennial Report on the San Fernando and Santa Clarita Valleys" represents the collaborative efforts of multiple agencies, including community-based and faith-based organizations, hospitals, clinics, schools churches, social service agencies, government agencies, elected officials and other community stakeholders. The purpose of the report is to present the community with information regarding the physical and mental health needs of the San Fernando and Santa Clarita Valleys. In addition, Tarzana Treatment Centers, Inc. conducted needs assessment involving clients, family members of clients, collaborating agencies, and other stakeholders in the community as an integral part of developing programs for clients. The table below summarizes the needs assessment participants and methods of obtaining input:

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Target Group	Method
Community Leaders	Personal and Phone Interviews
Community Members	Personal and Phone Interviews
Social Service Staff (e.g., mental health, drug/alcohol, & children's service providers)	Personal and Phone Interviews
Clients receiving drug/alcohol treatment and psychiatric services at Tarzana Treatment Center and their families	Focus Groups, Interviews, and Survey Questionnaires

The data sources used for the needs assessment were as follows:

Source	Type of Data
Tarzana Treatment Center's internal patient data	Patient demographic information; city of residence and zip code of patients; primary drug of choice; dual diagnosis
Assessing The Community's Needs Assessment: A Triennial Report on the San Fernando and Santa Clarita Valleys, 2007	Perceptions of health-related needs in the community; community demographic information; health statistics; economic indicators

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Results of the Needs Assessment

<ul style="list-style-type: none"> • The Triennial Community Needs Assessment survey identified the following needs and target populations: Affordable health services • Affordable and accessible mental health services • Affordable and accessible dental services • Affordable and portable health insurance • Case management services for individuals and families • Wellness, screening, and prevention programs • Drug treatment programs 	Children (ages 0 to 17)
<ul style="list-style-type: none"> • Affordable and portable health insurance • Affordable and accessible mental health services • Chronic disease management • Affordable housing • Primary medical care • Drug treatment programs 	Adults (ages 18 to 64)
<ul style="list-style-type: none"> • Affordable and accessible mental health services • Chronic disease management • Affordable housing • Affordable home care and long-term care services • Affordable and accessible dental care • Affordable and reliable transportation 	Seniors (age 65+)
<ul style="list-style-type: none"> • Affordable and accessible mental health services • Affordable and portable health insurance 	Low-Income Population

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<ul style="list-style-type: none"> • Affordable housing • Chronic disease management • Affordable and accessible dental services 	
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Our needs assessment of patients, family members of patients, and staff from collaborating agencies identified the following needs:

NEEDS	TARGET POPULATION
Drug and Alcohol Prevention/Education	Youth; families with children and youth
Drug and Alcohol Treatment Services	Unemployed adults; homeless individuals
Treatment for Dually Diagnosed Individuals with a Alcohol/Drug Problem and a Psychiatric Disorder	Dually diagnosed individuals; homeless

The needs identified in our needs assessment are supportive and complementary to the priority needs indicated in the Triennial Community Needs Assessment for 2010. We feel that we can best impact the community by focusing on the areas where we have expertise such as early intervention drug counseling, providing drug treatment/recovery services, and providing treatment services to dually diagnosed individuals with alcohol/drug problem and a psychotic disorder. We will focus on the following three needs:

Need #1: Drug and Alcohol Prevention Education

Target Populations: Youth; Families with children and youth

Rationale for Selection: The 2010 Community Needs Assessment identified the need to implement programs focusing on case management for families involving youth. As a response to this need, we will continue to provide drug and alcohol prevention education to youth and families with children and youth. National surveys are showing that young children are not obtaining education regarding the dangers of alcohol and drugs. This seems to be due to families not educating children about alcohol and drugs until the teenage years as well as due to positive images of alcohol and drugs in the media. In addition, the increased use of marijuana coincides with a decrease in the percentage of youth who view alcohol and drugs as dangerous. More education for youth and parents is needed to combat this trend that can lead to more substance use, abuse, and dependence.

Objective/Goals: Increase the knowledge of the dangers of the use of alcohol and drugs to children, youth, and their parents.

Plan: Make 15 community presentations to at least 500 children, youth and/or parents in the coming year at schools, civic groups, and religious organizations.

Evaluation: Document the number of presentations made and the number of children, youth and/or parents in

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attendance.

2010 Update: During the past fiscal year, over 15 presentations were conducted to over 800 children and youth, and to an additional 200 parents. The size of these audiences ranged from 15 to 300 people.

Need #2: Drug and Alcohol Treatment

Target Populations: Unemployed adults; homeless

Rationale for Selection: Unemployed and homeless adults with alcohol and drug problems are one of the most vulnerable populations in our community. These individuals are often hidden from others, but do present to social service and criminal justice agency personnel. Being uninsured, they have few places to go for treatment and need assistance in becoming productive members of our community once again. The 2010 Community Needs Assessment identified the need for better coordination among programs serving the poor and medically indigent population to use multi-system approach to link mental primary medical care, mental health services, substance abuse services and housing assistance.

Objective/Goals: Provide detoxification and other drug treatment services to unemployed and homeless adults.

Plan: Conduct outreach to assist homeless individuals in entering treatment for alcohol or drug problems.

Implement a case management program in hospital emergency departments to decrease hospital emergency department diversion hours in treating a large number of uninsured patients accessing medical care.

Evaluation: At least 20 percent of the clients admitted to our inpatient unit will report being homeless at the time of admission and over 50 percent will report being unemployed or not in the labor force at the time of admission. At least 25% of Northridge Hospital Medical Center emergency department users with an underlying alcohol/drug treatment problem, will be referred to Tarzana for drug treatment/recovery services and other health services.

2009-2010 Update: There were 2,405 admissions to our inpatient unit in fiscal year 2009-2010. Overall, 14% of our inpatient unit clients were homeless at the time of admission, including clients who had private insurance or financial resources to pay for treatment. If only the public sector clients are considered (58% of clients), then the homeless rate increased to 22%, up by 8%. Considering all clients, 83% were unemployed or not in the labor force at the time of admission. Among public sector clients only, the unemployment rate was 96%. In the past fiscal year, 80% (1,631) of the total 2,041 discharges successfully completed the treatment.

Hospital Emergency Department diversion hours in San Fernando Valley have increased from 12,395 in 1997 to 46,963 hours in 2003. In July 2004, we began conducting case management in Northridge Hospital

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Medical Center (NHMC) – Roscoe, Emergency Department, through our partnership with NHMC. A case manager who has been working at NHMC screens ED users for referral to our detoxification services and other health services. The objective is to reduce the number of frequent users who are uninsured and need drug treatment/recovery services and other health services.

In the past fiscal year, the total number of case management intervention conducted at the NHMC Emergency Department was 344 and 295 (88%) were linked to TTC for services. Of those linked to TTC, 98 (33%) were referred for substance abuse treatment and 197 (67%) were referred to our primary care clinic.

Need #3: Treatment for Individuals with a Co-Occurring Alcohol/Drug Problem and a Psychiatric Disorder

Target Population: Individuals with co-occurring mental health and substance abuse disorders.

Rationale for Selection: There is probably no group more vulnerable than psychiatrically impaired individuals with drug and alcohol problems. Treatment of both problems is hampered by social service systems that are separate and only in the early stages of integration. As a result, the needs of these individuals are often not met to the satisfaction of both consumers and service providers. These individuals use excessive amounts of health care services, often because their needs are not properly coordinated. The 2007 Community Needs Assessment identified affordable and accessible mental health services as a need across all age groups, of which those with co-occurring disorders are an important subgroup.

Objective/Goals: Improve the coordination of treatment for individuals with co-occurring disorders and to improve the access to treatment for these individuals.

Plan: Provide treatment and ongoing case management and coordinated care for 20-25 individuals with severe psychiatric disorders and co-occurring substance use disorders at any one time. Provide treatment and episodic care for individuals seeking substance abuse treatment with co-occurring mental health disorders.

Evaluation: Document that a caseload of 20-25 individuals with severe psychiatric and co-occurring substance use disorders are receiving services. Document the number of individuals with co-occurring psychiatric and substance use disorders have been admitted to our facility and the coordination of their care for both mental health and substance abuse treatment.

2009-2010 Update: During the past fiscal year, Tarzana continued to implement their intensive case management and treatment program for individuals with severe psychiatric disorders, funded by the Los Angeles County Department of Mental Health. This Full Service Partnership (FSP) program arose out of the Mental Health Services Act (Proposition 63). TTC has a licensed mental health therapist, two case managers, a peer counselor, and a part-time psychiatrist to provide treatment and coordinate care “24/7” and do “whatever it takes” to meet the service needs of up to 25 individuals at one time. TTC staff attended semi-monthly meetings for this program with other providers in Service Area 2. In addition, TTC staff attended the

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Service Area Advisory Committee (SAAC) meetings in Service Area 2 of Los Angeles County. In both of these meetings, the needs of patients with substance abuse and mental health issues are addressed. Through a contract with the Department of Mental Health of Los Angeles County, outpatient mental health services continue to be provided to youth, many of whom have co-occurring Substance Use Disorders. In addition, the pre- and post-doctoral training program for psychologists has continued in 2009. Psychiatric service hours have been increased to meet increasing demand for psychiatric services. Specialized mental health and psychiatric services continued for HIV+ substance abusers. We operate low-cost mental health clinics in Tarzana and Reseda to meet the needs of community residents. The clinics are staffed by mental health interns, who are supervised by licensed mental health professionals.

There were 1,750 dually diagnosed clients admitted to the inpatient unit in 2009-2010 and 92% were public sector clients. About 18% (297) dual diagnosis patients were homeless. A total of 161 HIV positive patients were admitted to the inpatient unit during the fiscal year. Of those, 99% were public sector clients and 49% were homeless.

Community Benefits

The same quality of service is provided to both vulnerable populations and the broader community. We treat individuals who are from both the public and private sector in the same fashion.

We utilize accrual method of accounting. Indirect costs are allocated based on various statistical methods. Our gross revenue for FY 2009-2010 was \$15,676,165 for our inpatient unit, with the net revenue of \$95,705. Our operating cost was \$15,771,870 for the past fiscal year. In addition, we estimate that we contributed over \$107,919 in direct monetary contributions, contributions in-kind, and professional services to the community at large.

TTC:/updated 12/02/10